

effects such as those individuals in hospitals and health care facilities who have weakened immune systems.

The latest information regarding MRSA is disconcerting. Infections are on the rise as hospitalizations associated with MRSA more than tripled from 1999 to 2005. We must do more to raise awareness and stem the tide of this infection.

The resolution before us recognizes the need to continue research to find the best ways of preventing hospital and community-acquired MRSA. As a community, we must be careful to prevent overuse of antibiotics and to create hygienic and sanitary conditions in our hospitals and other health care facilities.

This resolution also lends support to advocates, health care practitioners, and others on the front line in the battle against MRSA. Through a unified effort, we can provide hope for those who are personally affected by this infection.

I want to thank my colleague, Congressman MATHESON of Utah, for his hard work in bringing this resolution to the floor.

I urge my colleagues on both sides of the aisle to join me in support of its adoption.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I also rise in favor of House Resolution 988 and support designating the month of March as the Methicillin-Resistant Staphylococcus Aureus Awareness Month. I also want to thank the sponsor of this resolution, Representative JIM MATHESON of Utah, for his work on this issue.

Staphylococcus aureus, commonly known as "staph," is a potentially dangerous bacterium that can cause skin infections that look like pimples or boils. Staph infections also can cause redness, swelling, pain, and drainage at the site of infection. They can be warm to the touch and cause a fever.

Some staph infections are resistant to certain antibiotics and this makes it harder to treat. These infections are known as methicillin-resistant Staphylococcus aureus, or MRSA. They result from direct contact with people who have the infection.

Now anyone can get a staph infection, anyone can get a resistant staph infection. It is becoming more and more common. The national Centers for Disease Control and Prevention says that Americans visit their physicians approximately 12 million times a year to get checked for potential staph infections. In some areas of the country, more than half of the skin infections are caused by resistant strains of staph, according to the CDC.

While most serious methicillin-resistant staph infections occur among individuals in hospitals and health care facilities, there are community-acquired infections among competitive sports teams, correctional facilities, schools, workplaces, military facilities, homeless shelters, and other commu-

nity settings. These infections usually occur through skin-to-skin contact, and even individuals who are not infected with resistant staph can be a vehicle for its transmission.

This resolution recognizes the importance of raising the awareness of methicillin-resistant staph aureus and methods of preventing infections through appropriate hygienic practices, such as hand washing, appropriate first aid to open wounds. In addition, the Centers for Disease Control conducts MRSA surveillance, prevention, education campaigns to raise awareness, and laboratory research to identify genetic patterns or relationships among the different types of resistant staph that could be used for prevention and control strategies.

I urge my colleagues to join us in recognizing March as the Methicillin-Resistant Staphylococcus Aureus Awareness Month, and I urge Members to support the resolution.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no further requests for time. I urge adoption of this MRSA Awareness Month Resolution.

Mr. MATHESON. Mr. Speaker, I rise today in support of H. Res. 988, a resolution honoring MRSA awareness. I introduced this resolution with my colleague, Congresswoman BARBARA CUBIN. First, I would like to thank Representative CUBIN for working with me on this resolution, as well as the staff of the Energy and Commerce Committee, several stakeholder organizations who advocated in support of this resolution, and most importantly over 80 of my colleagues who joined me on this resolution.

Since the 1940s, the widespread availability of antibiotics, such as penicillin, and the subsequent discovery of additional antibiotics have led to a dramatic reduction in illness and death from infectious diseases. Today, antibiotics continue to save lives and also have led to many other advances. However, bacteria and other infectious disease-causing organisms through mutation and other mechanisms are able to develop resistance to antimicrobial drugs. The more antimicrobials are used, whether appropriately or inappropriately, the quicker resistance develops. Worrisome recent examples of drug resistance which have been highlighted in the news include community-associated MRSA.

An October 2007 article published in the Journal of the American Medical Association (JAMA) concluded that more than 94,000 invasive methicillin-resistant Staph aureus, MRSA, infections occurred in the United States in 2005. More than 18,500 of these infections ended in death. The CDC estimates that Americans visit doctors more than 12 million times per year for skin infections typical of those caused by staph bacteria. In some areas of the country, more than half of the skin infections are MRSA. In my home State of Utah, reported cases of MRSA are steadily rising. According to the Bureau of Epidemiology for the Utah Department of Health, there were 4,904 cases in 2006.

MRSA and other drug-resistant microbes that were once confined to ill hospital patients are now striking down otherwise healthy individuals, including schoolchildren, athletes and

members of the Armed Forces. The resulting "super infections" are painful, difficult to treat, and cost billions of dollars to the U.S. health care system annually. Patient stories about this silent, yet sinister, pandemic are tragic and heart-wrenching. They should not go unnoticed and unanswered by Congress.

By bringing much needed attention to MRSA, this resolution will highlight the need for Congress and Federal health agencies to identify and coordinate efforts to address this growing problem.

Thank you and I urge my colleagues to support adoption of the resolution.

Mr. PALLONE. I yield back the balance of my time.

Mr. BURGESS. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 988, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

SENSE OF HOUSE REGARDING PREVENTION AND PUBLIC HEALTH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1381) expressing the sense of the House that there should be an increased Federal commitment prioritizing prevention and public health for all people in the United States, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1381

Whereas the United States has the highest rate of preventable deaths among 19 industrialized U.N. nations and lags behind 28 other U.N. nations in life expectancy;

Whereas various research studies estimate that nearly 60 percent of premature deaths in the United States could be addressed through prevention activities;

Whereas of the more than \$2,200,000,000,000 spent nationally on health care in the United States every year (more than any other nation in the world), approximately \$88,000,000,000 (or about 4 percent) is estimated to be spent on prevention and public health;

Whereas chronic diseases are the leading causes of preventable death and disability in the United States, accounting for 7 out of every 10 deaths and killing more than 1,700,000 people in the United States every year;

Whereas these often preventable chronic diseases account for 75 percent of health care

spending in the United States, including more than 96 cents out of every dollar spent in Medicare and more than 83 cents out of every dollar spent in Medicaid;

Whereas these chronic diseases cost the United States an additional \$1,000,000,000,000 each year in lost productivity, and are a major contributing factor to the overall poor health that is placing the Nation's economic security and competitiveness in jeopardy;

Whereas the number of people with chronic conditions is rapidly increasing, and it is estimated that if we do not intervene now that by 2025 nearly half of the population will suffer from at least one chronic disease;

Whereas current research has shown that increasing to 90 percent the use of just 5 preventive services, including—

(1) the portion of adults who take aspirin daily to prevent heart disease;

(2) the portion of smokers who are advised by a health professional to quit and are offered medication or other assistance;

(3) the portion of adults age 50 and older who are up to date with any recommended screening for colorectal cancer;

(4) the portion of adults age 50 and older immunized against flu annually; and

(5) the portion of women age 40 and older who have been screened for breast cancer in the past 2 years, would save more than 100,000 lives each year in the United States; and

Whereas research has shown that prevention and community-level interventions that promote and enable proper nutrition, increased access to physical activity, and smoking cessation programs can prevent and mitigate chronic diseases, improve quality of life, increase economic productivity, and reduce health care costs: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes that in order to reduce the disease burden and health care costs associated with preventable disease and injury, it is imperative that this Nation strengthen its public health system to—

(A) encourage all persons in the United States to obtain the proper information and educational resources they need to make healthier choices and live healthier lives; and

(B) protect all people in this country from health threats beyond their control, such as bioterrorism, natural disasters, infectious disease outbreaks, and environmental hazards;

(2) encourages the creation of public health strategies in the public and private sectors to improve the health of all people in the United States regardless of race, ethnicity, or socioeconomic status;

(3) supports public and private partnerships focusing on the prevention of disease and injury, and encourages community-based programs to support healthy lifestyles, including those that promote proper nutrition and increased access to physical activity;

(4) emphasizes the importance of the 5 prevention strategies of daily aspirin therapy, smoking cessation, colorectal cancer screening, annual flu immunizations, and breast cancer screening that can save more than 100,000 lives each year;

(5) believes that the congressional budget process should reflect the significant savings associated with investments in prevention of disease and injury, and therefore strongly encourages the Congressional Budget Office to consider the health care savings associated with reduced chronic disease burden due to clinical and community preventive services and programs when formulating its health care cost estimates; and

(6) supports helping the United States be the healthiest nation by encouraging an increased focus on public health and prevention efforts in the public and private sectors.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) will each control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. I yield myself such time as I may consume.

Mr. Speaker, I rise this evening in support of H. Res. 1381, expressing the sense of the House that there should be an increased commitment to prioritizing prevention and public health for all people in the United States.

At a time when our health care costs are rising exponentially, it's important now more than ever for us to prioritize public health spending. Spending on chronic diseases is particularly egregious as these diseases are the leading cause of preventable death and disability costing the Nation approximately \$1 billion a year. If we can better manage this type of disease, we can dramatically reduce the costs of health care spending.

We know from our past efforts with screenings and vaccines that prevention has proven to work to reduce incidences of illness. Accordingly, any step that we can undertake to prevent the spread of illness and disease needs to be implemented.

I want to thank my colleague and friend, the gentlewoman from California, Congresswoman ROYBAL-ALLARD, for her and her staff's late-night work to bring this resolution to the floor this evening.

I urge my colleagues on both sides of the aisle to join me in support of its adoption.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, again, in deference to the author of the bill, I will reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 5 minutes to the sponsor of the legislation, the gentlewoman from California, Congresswoman ROYBAL-ALLARD.

Ms. ROYBAL-ALLARD. Mr. Speaker, the passage of H. Res. 1381 gives us an opportunity to send a clear message to the 111th Congress that public health and prevention must be an essential part of any health care reform package.

I introduced H. Res. 1381 because as we began the debate on national health care reform, focusing on prevention strategies is a key component to our ultimate success.

Currently our country spends a staggering \$2.2 trillion each year on health care, more than any other country in

the world, yet we are dying younger and we have the highest rate of preventable deaths among 19 industrialized nations.

□ 2115

Research tells us that nearly 60 percent of premature deaths in the United States could be prevented by strategies that address environmental conditions, social circumstances, and behavioral choices.

But we have not prioritized prevention in this country, and the serious consequences of neglecting prevention strategies has both an economic and a human toll.

When we survey the economic components of our health care budget, we see that chronic diseases account for 75 percent of the health care spending in the United States, including more than 96 cents out of every dollar spent in Medicare and more than 83 cents out of every dollar spent in Medicaid.

The human cost is reflected in the fact that each year these largely preventable chronic diseases account for seven out of ten deaths in the United States every year.

Science and the medical community are warning us that if we do not focus on prevention now, by the year 2025 nearly half of our U.S. population will suffer from at least one chronic disease.

Mr. Speaker, the entire public health community agrees that prevention is a critical component to successfully addressing our Nation's public health crisis and to reining in the astronomical cost of health care.

A study by the Partnership for Prevention found that each year there is the potential to save 100,000 lives through five simple behavioral changes.

And an analysis by the Trust for America's Health found that an annual investment of just \$10 per person in proven community-based programs could save the country more than \$60 billion annually within 5 years.

It is time for our country to adopt a proactive and strategic approach to health care aimed at preventable conditions.

H. Res. 1381 calls on our Nation to prioritize prevention and public health for all people in the United States.

The resolution urges community-based programs to support healthy lifestyles, and it promotes the expansion of prevention strategies like daily aspirin therapy, smoking cessation, colorectal and breast cancer screening, and annual flu immunizations.

The resolution also calls for the creation of public health strategies to improve our Nation's health and eliminate health disparities.

Finally, H. Res. 1381 challenges the Congressional Budget Office to consider the savings associated with the prevention of chronic disease when formulating its health care cost estimates.

I extend my sincere thanks to the bipartisan group of original cosponsors

who join me in this effort, including my co-chairs from the Study Group on Public Health, KAY GRANGER and JIM MCGOVERN; my colleagues, JIM MORAN from the Prevention Caucus and DIANA DEGETTE and MIKE CASTLE from the Diabetes Caucus.

We share a passion for improving public health and preventing chronic disease.

I also thank The Trust for America's Health and the Campaign for Public Health, in addition to over 150 public health organizations that have endorsed this resolution.

Mr. Speaker, the future health of our Nation depends on the priorities we set as we begin the process of health care reform.

By passing H. Res. 1381 today, we are sending an important message to the new 111th Congress that Public Health and Prevention must be a priority in any health reform package.

I urge my colleagues to vote "yes" on the passage of H. Res. 1381. We cannot solve the health care crisis in this country until we get serious about prevention.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume, and I also rise in support of House Resolution 1381, a resolution expressing the sense of the House that there should be an increased public and private commitment prioritizing prevention and public health for all people in the United States.

Each year almost 2 million people in the United States die from chronic diseases that are often preventable and also account for almost three-quarters of health care spending. It costs the United States almost \$1 trillion a year in lost productivity that erodes our national competitiveness.

In an effort to alleviate chronic diseases, Americans need to eat right, quit smoking, and get exercise. You probably don't need to be an economist to understand why that will help increase economic productivity, and it's intuitively obvious to the most casual observer that this can help prevent the onset of chronic disease and improve the quality of our lives.

This resolution urges the people of the United States to use the five prevention strategies to create healthier lifestyles. It encourages daily aspirin therapy, smoking cessation, colorectal cancer screening, annual flu immunizations, and breast cancer screenings that can save more than 100,000 lives each year by addressing behavioral choices.

In addition, the resolution suggests that the Congressional Budget Office process should reflect the significant savings associated with prevention of disease and injury. And that's of particular concern to me and something that I argue for in many other vocations and other legislation that we have to have the ability to do dynamic scoring when we follow policies that are likely to result in savings.

So the line in the bill, that it is the sense of the House we believe "the con-

gressional budget process should reflect the significant savings associated with investments in prevention of disease and injury," and that is an important concept and one that this Congress and the next Congress would do well to recognize and encourage our Congressional Budget Office to follow likewise.

I would like to thank the author of this resolution, Representative LUCILLE ROYBAL-ALLARD of California, for her leadership in improving the awareness of the benefits of prevention and her efforts to lower the number of preventable chronic diseases in the United States.

I encourage all of my colleagues to vote in favor of this resolution.

Ms. JACKSON-LEE of Texas. Mr. Speaker, today I stand for a commitment to making public healthcare a priority. I stand for universal healthcare as a universal right. I stand to support H. Res. 1381, "expressing the sense of the House that there should be an increased Federal commitment prioritizing prevention and public health for all people in the United States." I thank my colleague, Representative ROYBAL-ALLARD for introducing this important resolution.

I would be remiss if I did not also thank my dear colleague from Michigan, Chairman of Judiciary, and Congressman JOHN CONYERS, for his tireless work on prioritizing healthcare in this Congress. His bimonthly meetings to bring together the healthcare community, congressional Members and staff, and other stakeholders; speaks to his commitment to making universal healthcare a priority.

Sadly, the United States is the only wealthy, industrialized nation that does not have a universal health care system. Some of the other disturbing healthcare statistics are that:

HEALTH INSURANCE STATISTICS

In 2006, the percentage of Americans without health insurance was 15.8 percent, or approximately 47 million uninsured people. Source: US Census Bureau.

Among the 84.2 percent with health insurance in 2006, coverage was provided through an employer 59.7 percent, purchased individually 9.1 percent, and 27.0 percent was Government funded (Medicare, Medicaid, Military). Source: US Census Bureau.

The primary reason given for lack of health insurance coverage in 2005 was cost (more than 50 percent), lost job or a change in employment (24 percent), Medicaid benefits stopped (10 percent), ineligibility for family insurance coverage due to age or leaving school (8 percent). Source: National Center for Health Statistics.

Medicare, a federally funded health insurance program that covers the health care of most individuals 65 years of age and over and disabled persons, accounted for 13.6 percent of health care coverage in 2006. Source: US Census Bureau.

Medicare operates with 3 percent overhead, non-profit insurance 16 percent overhead, and private (for-profit) insurance 26 percent overhead. Source: Journal of American Medicine 2007.

HEALTH CARE EXPENDITURES

In 2005, personal health care expenditures were paid by private health insurance 36 percent, federal government 35 percent, state and local governments 11 percent, and out-of-

pocket payments 15 percent. Source: National Center for Health Statistics.

The United States spends twice as much on health care per capita (\$7,129) than any other country * * * and spending continues to increase. In 2005, the national health care expenditures totaled \$2 trillion. Source: National Center for Health Statistics.

75 percent of all health care dollars are spent on patients with one or more chronic conditions, many of which can be prevented, including diabetes, obesity, heart disease, lung disease, high blood pressure, and cancer. Source: Health Affairs.

From 2000 to 2006, overall inflation has increased 3.5 percent, wages have increased 3.8 percent, and health care premiums have increased 87 percent. Source: Kaiser Family Foundation.

Mr. Speaker, it is time we make public health a priority for all Americans. Children cannot do well in school when they do not have proper healthcare. Parents are afraid to change jobs because of possible loss or reductions in healthcare coverage. Our elders, our seniors have to choose between groceries and prescriptions.

Healthcare will become a priority when we make it one. This body has the power to create a fundamental change in how our country views and manages its healthcare system. We have the power to make a change in the lives of everyday Americans for the better. For it does not matter how much money you have, how many languages you speak, or how many degrees you have earned—without your health, you have nothing. A healthier America—starts right here, right now. Let's make it a priority Today!

Mr. Speaker, I encourage my colleagues to join me in supporting American families in their struggle to provide basic needs to their children, to their parents, and for themselves. I encourage my colleagues to remember that they hold the power of the pen and the vote, to make universal healthcare a priority.

Mr. Burgess. Having no other requests for time, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no further requests for time, I would urge support of this resolution for an increased commitment to prevention in public health, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is ON the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 1381, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The title was amended so as to read: "A resolution expressing the sense of the House that there should be an increased public and private commitment prioritizing prevention and public health for all people in the United States."

A motion to reconsider was laid on the table.

HEART FOR WOMEN ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill